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RESEARCH ON SKIN DISEASES

- USSR -

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THE INCIDENCE OF SKIN DISEASES IN LENINGRAD, USSR

/Following is a translation by G. Ya. Travin in the Russian-language periodical Vestnik Dermatologii i Venerologii (Herald of Dermatology and Venerology) Moscow, No. 4, July - August 1960, pages 32-36./

From the Leningrad municipal dermato-venereological clinic (Chief Surgeon V. I. Olekhnovich).

The broadened Assembly of the All-Russian Scientific Society of Dermatologists and Venerologists jointly with the Scientific Committee of the Ministery of Public Health of the RSFSR in its resolution of 18 December 1958 noted "the great importance of work on the study of the structure of skin disease in individual cities, oblasts and rayons and recommends giving greater attention to this work after having unified the technique". Until recently, when the incidence of veneral diseases did not allow dermatologists to pay due attention to skin diseases, there was not even an accounting of these diseases. Today a correct and uniform accounting of skin diseases, the struggle against which is becoming one of the chief tasks of dermato-venerological institutions, is extremely necessary.

Meanwhile the effective "Nomenclature of illness" (Department of Medical Statistics of the Ministry of Public Health of the USSR, 1953), on the basis of which the processing of all data on illnesses in the Soviet Union is being done, cannot satisfy us either in the section on "Venereal diseases" (class I, group 7), which we shall not deal with later, or in the section on "Skin diseases" (class XXI).

The greatest defect of the class "Skin diseases" is that it embraces the smallest part of these diseases. The basic mass of dermatoses is divided among many classes. Such a situation hampers both directors of dermatological institutions in their work in the struggle against skin diseases, and the planning organs in which a false underestimated impression concerning the incidence of skin diseases is created.

Thus, so wide-spread a skin disease as eczema, is for the most part considered in class VIII, i.e. in the group of allergy disorders, together with bronchial asthma and other allergy disorders. This has to do with nettle rash and strophulus. Micoses, mange, other skin diseases involving mites and ticks, candidoses /kandidozy/ and others pertaining to class II -- parasitic diseases, and shingles -- and to class I -- contagious diseases. Some skin diseases, if they are localized on the male sex organs (balanitis, balanoposthitis, pertain to class XXIII -- diseases of the male sex organs, but if they are localized on the female sex organs (acute condyloma, pruritus of the vulva), -- to class XXIV -- diseases of the female sex organs. Numerous professional skin diseases pertain to class V -- industrial and professional diseases. Various

types of purpura pertain to class XI -- diseases of the hematogenic system, and varicose ulcers of the skin -- to class XVII -- blood circulation diseases. Such examples can be multiplied. Nevertheless all indicated diseases are skin diseases and those suffering with them are treated by dermatologists.

Such a division of skin diseases into many classes and groups of diseases creates at the same time great difficulties when ciphering /shifrovka/ the coupons of form 25 -v and serves as a source of numerous errors.

In order to obtain information on the incidence of skin diseases we, in 1953 after consultation with Prof. P. V. Kozhevnikov and through agreement with the scientific methods bureau of medical statistics of the Leningrad Municipal Health Department, divided all skin diseases into 14 groups (Vestnik venerologii i dermatologii /Herald of Venerology and Dermatology/, 1955, No. 4, page 39) and together with all raion clinics, utilizing the coupons of form 25 -v, developed and studied a picture of the incidence of skin diseases in Leningrad. Nowadays we have for the past 6 years had dynamic information available on this problem -- from 1953 to 1958. We realize that this information is far from complete since records were made only in clinics and thus included the adult population exclusively. Also not included in it were considerable numbers of patients who went to the consulting-rooms of the poly-clinic, to health centers, to medical departments of industrial enterprises and to other therapeutic institutions. Nevertheless we received dynamic information on the structure of skin morbidity among the adult population of Leningrad. At present, in connection with the introduction of the obligatory filling out of the coupons of form 25 -v in all therapeutic institutions, our data is acquiring greater completeness -- it embraces the whole clientele of patients, including children. Unfortunately, data on the incidence of skin diseases not obtained from clinics does not lend itself to division into 14 groups and suffers from all those defects mentioned above.

In table I is presented structural data on the primary morbidity of the adult population which visited dermato-venerological clinics from 1953-1958.

Table I permits us to reach the following conclusions:

1. The greatest number of treatments for all years is for pyodermas -- about one fifth of all treatments. According to the data of D. N. Plishkin (Sverdlovsk) and G. A. Berlin and E. V. Yakimanskiy (Gor'kiy), reported at the broadened assembly of the All-Russian Society of dermato-venerologists at Kuybyshev from 15 to 18 December 1958, these diseases comprise about one third of all skin diseases. Such a discrepancy is possibly caused by the fact that our data refers only to adults, and that we did not include in the group of pyodermas such diseases as phlegmons, abcesses and paronychias, since we do not consider them to be skin

diseases; we also did not include in the group of pyodermas microbe eczemas and other eczema-like diseases, often recorded as strepto- or straphilodermia and treated as pyodermas, -- we put them in the eczema group. It is very probable that the great work being carried out in Leningrad in the fight against pyodermas in industrial enterprises and which caused a reduction in their incidence with a 14% loss of work capacity over a six year period (from 1952 to 1957), also played its part. Nevertheless the high figures of the incidence of pyodermas urgently demand more drastic measures in the fight against them, using clinical methods, especially in industrial enterprises.

Table I

Specific Gravity and Dynamics of Basic Groups of Dermatoses of Adults, 1953-1958

No. p/p	Group of dermatoses	Year 1953	1954	1955	1956	1957	1958
1.	Pyodermas (without microbe eczemas -- of a group of 10 and a surgical group)	17.3	22.1	19.6	19.4	17.4	20.7
2.	Epidermophytosis.....	12.6	12.6	14.5	14.4	16.5	14.8
3.	Other mycoses (without trichophytosis, microsporosis and favus)	5.4	5.2	5.7	5.8	6.5	6.9
4.	Microbial skin diseases (leishmaniasis, erysipelas, molluscum contagiosum, etc.)	0.8	1.0	0.9	0.8	0.8	1.1
5.	Skin diseases caused by animal parasites	0.4	0.6	0.6	1.1	0.7	0.8
6.	Skin diseases caused by external non-industrial causes	14.7	8.9	8.8	9.6	11.4	10.2
7.	Skin diseases caused by industrial causes	0.4	1.0	0.6	0.5	0.4	0.4
8.	Malignant neoplasms	0.1	0.1	0.1	0.1	0.1	0.1
9.	Non-malignant neoplasms.	2.7	2.6	2.7	3.4	3.1	2.9
10.	Eczema and eczema-like diseases	13.5	13.2	12.9	11.2	10.1	11.0
11.	Pruritic neurodermatoses (neurodermatitis, urticaria, prurigo, skin pruritus)	7.5	6.0	5.1	5.7	6.1	6.1
12.	Diseases of skin appendices (common acne, seborrhea, hyperhidrosis, etc.)	7.3	8.4	9.2	11.4	11.4	10.3
13.	Diseases of the muscous membrane	0.1	0.3	0.4	0.3	0.3	0.2
14.	Other skin diseases	17.2	18.0	18.9	16.3	15.2	14.5
	Total	100.0	100.0	100.0	100.0	100.0	100.0

2. Epidermophtyosis has occupied second place among skin diseases in the last four years. This disease exhibits a tendency to grow. In 1953 and 1954 epidermophytosis occupied fourth and third place. A certain reduction in its incidence in 1958 compared with 1957 is due to a more careful diagnosis and laboratory verification of the illness. The high figures of the incidence of epidermophytosis and its tendency to grow obligate us to carry out broad sanitation measures in baths and in basins, as well as to use methods of dispensary service allowing for separate groups of patients, especially for those of them whose illness is caused by Epidermophyton (Trichophyton) purpureum. The growth in incidence is occurring basically on account of this form of epidermophytosis.

3. Eczema and eczema-like diseases occupy a high specific gravity. The fight against them also requires dispensary service methods which are absolutely obligatory in cases where these diseases are occupational.

4. A high specific gravity occurs also in diseases of the skin appendages and in diseases caused by external non-industrial causes. This index remains approximately on the same level over a number of years.

5. Some tendency towards a decrease in skin diseases caused by external industrial causes is noted. It must be supposed that this is the result of sanitary measures carried out at industrial enterprises. The figure 0.4% for 1953, evidently, must be attributed to a calculation inaccuracy permitted in the initial period of work; this also goes for the figure 14.7% of the same year in group 6.

Today with the introduction of mandatory accounting on form 25-v, we have begun to enter information on the morbidity of the infantile population. Table 2 illustrates preliminary data on the morbidity of the infantile population in the first half of 1958 for Leningrad but does not reflect the morbidity in the 14 groups indicated above, since the processing of the latter was done without accounting for them.

Examining table 2 and comparing it with table 1 it must be borne in mind that for the causes mentioned above a part of the diseases were not entered in it as skin diseases. This concerns microbial diseases (erysipelas, molluscum contagiosum, etc.) and non-malignant neoplasms which were entered in other classes. A part of the diseases which in table 1 were considered in isolated groups, for example common acnes, seborrhea, hyperhidrosis, diseases of the nails, pertaining to group 12, or diseases of the mucous membranes, pertaining to group 13, are considered here as other skin diseases. In view of what has been stated the group of "other" diseases has grown excessively. At the same time we succeeded in getting information on certain diseases not included in the class of skin diseases. This has to do with epidermophytosis, other mycoses, scabies and other diseases by animal parasites.

Table 2

Specific Gravity of Skin Disease Among Children From 0 to 17 Years

No. p/p	Group of diseases	Specific Gravity in %
1.	Furunculoses, carbuncles	15.5
2.	Impetiginous pyodermas	20.5
3.	Epidermophytosis	3.7
4.	Other mycoses (without trichophytosis, microsporosis and favus)	0.9
5.	Skin diseases caused by animal parasites, except for scabies.	0.2
6.	Scabies	0.3
7.	Skin diseases caused by external causes of a non-industrial character	0.1
8.	Eczema and eczema-like diseases	10.5
9.	Pruritic neurodermatoses	3.1
10.	Other skin diseases	45.2
	Total	100.0

Table 2 shows the considerable prevalence at this age of pyodermas owing to impetiginous forms. Moreover such diseases as epidermophytosis, other mycoses, as well as pruritic neurodermatoses are found among children much more rarely than among the adult population.

As stated above, the incidence of trichophytosis, microsporosis and favus is considered separately in accordance with the instructions of form 281 and is not entered in the general accounting indicated above. Correlations of these incidences in 1958 in Leningrad are as follows: trichophytosis - 35.2%, microsporosis - 64.2% and favus - 0.6%. Diseases of the capillary part of the head comprised 30.6%, of smooth skin - 68.8% and of nails - 0.6%. As for the dynamics of morbidity, a considerable reduction in it is taking place comparing 1958 with 1950. Thus, in all mycoses of the capillary part of the head we have a 7.4 general reduction in morbidity; for trichophytosis - 5.8; microsporosis - 9.2 and favus - 9. For smooth skin diseases we have for this period a 5.2 reduction and for diseases of nails - 13.5. The incidence of favus can be considered liquidated in Leningrad since the only recorded cases are, as a rule, imported.

In the next few years one of the chief problems facing dermato-venerological clinics and infirmaries will be the struggle against the most important skin diseases causing great losses in working capacity, those most widespread and those which often yield poorly to treatment. For this purpose we must have at our disposal

exact information on the incidence of those diseases and on their dynamics. It is necessary to revise radically the nomenclature of skin diseases and to attract authoritative representatives of dermato-venerology to this revision.

THE CHARACTERISTICS OF SKIN DISEASE MORBIDITY IN 1957 AT SVERDLOVSK, USSR

/Following is a translation by D. N. Plishkin, Honorary Physician of the RSFSR, in the Russian-language periodical Vestnik Dermatologii i Venerologii (Herald of Dermatology and Venerology), Moscow, No. 4, July - August 1960, pages 36-38./

From Sverdlovsk municipal dermato-venerological clinic (Chief Physician D. N. Plishkin).

Accounting form 25-v, introduced 3 years ago, is the first attempt to take stock of skin morbidity. The data obtained on the basis of this accounting permits us to study the morbidity of the population, and accordingly to plan the work of dermatological institutions. However, no system has yet been introduced in the study of morbidity on form 25-v.

Table 1

No. p/p	Diagnoses	% for all Diagnoses Established for the First Time	No. p/p	Diagnoses	% for all Diagnoses Established for the First Time
1.	Furuncle	13.5	21.	Neurodermatitis	1.7
2.	Carbuncles	0.4	22.	Urticaria	2.75
3.	Sycosis	0.13	23.	Cutaneous pruritis	1.4
4.	Hydroadenitis	1.18	24.	Psoriasis	1.8
5.	Pyoderma (without specifying)	20.8	25.	Lichen ruber planus	0.1
6.	Erysipelas	0.55	26.	Rose herpes	2.0
7.	Epidermophytosis	8.5	27.	Herpes simplex	3.0
8.	Pityriasis veriscolor	1.85	28.	Ichthyosis	0.03
9.	Yeast dermatoses	0.37	29.	Callosities	1.5
10.	Scabies and other animal parasites	2.7	30.	Pigmented maculae	0.27
11.	Lupus Tuberculosus	1 case	31.	Seborrhea	3.55
12.	Lupus erythematosus	0.1	32.	Acnes	3.1
13.	Erythema exudativum	1.2	33.	Warts	2.8
14.	Erythema nodosum	0.07	34.	Molluscum contagiosum	2.1
15.	Dermatites	6.0	35.	Alopecia areata	1.3
16.	Acute eczema	5.6	36.	Hidrosis	1.0
17.	Chronic eczema	2.7	37.	Skin cancer	0.01
18.	Eczemotization	0.6	38.	Non-malignant tumor	1.9
19.	Infantile eczema	1.0	39.	Other diseases	2.0
20.	Exudative diathesis	1.15		Total	100

Up to the present there is no single classification for skin diseases although there were many considerations expressed and proposals introduced concerning this problem in the pages of periodicals. Each dermatologist diagnoses skin diseases by the classification of the school in which he studied or worked.

We attempted to process data on skin morbidity for 1957 for Sverdlovsk. Our data consists of 42,000 statistical coupons for recording the final (precise) diagnoses of form 25-v. There were 16,000 men, 18,000 women, 8000 children up to age 15.

The coupons were processed as per the nomenclature of diseases of the Department of Medical and Sanitary Statistics of the Ministry of Public Health of the USSR for 1953.

We are citing the results of the processing of final diagnoses for Sverdlovsk for 1957. (Table 1).

We decided to compare our results with the Leningrad data, using the division on all dermatoses into 14 groups (table 2) proposed by G. Ya. Travin after consultation with Prof. P. V. Kozhevnikov.

Table 2

Characteristics of Primary Incidence of Skin Diseases

No. of Group	Group of Dermatoses	% for all Initial Incidence of Skin Diseases	
		Sverdlovsk 1957	Leningrad 1953
I	Pyodermas	37.01	17.3
II	Epidermophytosis	8.5	12.6
III	Other mycoses (without favus, trichophytosis and microsporosis)	2.25	5.4
IV	Various microbial diseases (erysipelas, erysipeloid, molluscum contagiosum)	2.8	0.8
V	Diseases caused by animal parasites	2.7	0.4
VI	Dermatoses caused by external non-industrial causes (dermatites, Callosities)	10.0	14.7
VII	Dermatoses caused by external industrial causes	0.63	0.4
VIII	Malignant skin neoplasms	0.01	0.1
IX	Non-malignant neoplasms (warts, fibromas, atheromas).	2.8	2.7
X	Eczemas (allergic, microbial, seborrheic, occupational)	9.9	13.5
XI	Other pruritic neurodermatoses (neurodermatites, urticaria, pruruigo, skin pruritus)	7	7.5
XII	Diseases of skin appendages (hair, nails, glands)	5.4	7.3

No. of Group	Group of Dermatoses	% for all Initial Incidence of Skin Diseases: Sverdlovsk 1957	Leningrad 1953
XIII	Diseases of the mucous membranes	1.0	0.1
XIV	Other diseases:		
	a) Acutely inflammatory (erythemas, herpes, rose herpes)	5.4	9.4
	b) Chronic inflammatory (psoriasis, lichen planus, lupus erythematosus, vesicular dermatites)	2.6	5.1
	c) Non-inflammatory diseases (keratoses, dischromia)	2.0	2.7
	Total	100%	100%

Comparing our data with that of G. Ya. Travin for Leningrad, we must note a very large quantity of pyodermas in Sverdlovsk (37.01% instead of 17.3% for Leningrad). Evidently this indicates lack of success in the struggle against this group of diseases. Epidermophytosis and other mycoses are recorded more rarely in Sverdlovsk (8.5 and 2.25%) than in Leningrad (12.6 and 5.4%). Whether this is a consequence of a smaller incidence in Sverdlovsk or a result of a more active detection of patients in Leningrad is not clear to us.

A considerably greater number of patients "with various microbial diseases" and parasitic dermatoses (scabies, tick bites) is also attracting attention. The two indicated groups amount to, in Sverdlovsk, 5.5%, and, in Leningrad, a total of 1.2% of all primary morbidity. There are no grounds for considering that the dermatoses in question are not detected in Leningrad. Evidently these numbers have to do with a certain failure connected with the struggle against the said diseases in Sverdlovsk.

The examples given confirm the advisibility of similar statistical processing since new problems are introduced and indicate the direction the next necessary measures should take, which in future must lead to the removal of the defects being uncovered in the organization of the fight against skin diseases.

The accounting of skin morbidity on form 25-v being carried out in dermato-venerological institutions doubtless has many defects and has not reached its fullest value; nevertheless the data obtained with its help permits us to draw some conclusions and to contemplate measures to reduce its incidence and to cure it.

Conclusions

1. It is necessary to process skin disease statistics in a number of large cities in USSR, as well as in agricultural localities.

2. Processing of skin disease statistics permits public health departments to better plan a dermato-venerological network, and permits dermato-venerological specialists to give data to aid the fight against the incidence of skin disease.

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